

# Healthy Families Program

## **Purpose**

This chapter describes the Healthy Families Program, including who may be eligible, what the benefits are, and how to enroll. Also discussed are the Annual Eligibility Review (AER), Open Enrollment (OE), and appeals. Once an application has been screened by the Single Point of Entry (SPE) for no-cost Medi-Cal for Families, it is then forwarded to the Healthy Families Program for processing.

## **Program Overview**

The Healthy Families Program provides low-cost health coverage for children up to age 19 whose families' incomes are between 100% and 250% of the Federal Income Guidelines (FIG). With the Healthy Families Program, families pay a small premium each month to receive health care services for their children.

**NOTE:** The Healthy Families Program Handbook is updated every June. To obtain copies of this handbook, please call 800-880-5305.

## **Eligibility Requirements**

- Children must be under age 19
- Children must be California residents. See California residency requirements (below)
- Children must be U.S. citizens, U.S. nationals, or qualified immigrants. See Qualified Immigrants on page 7-23
- Families' incomes must be greater than 100% and less than 250% of the Federal Income Guidelines (varies depending on the age of the child). See the attached Income Chart on page 7-2
- Children CANNOT be eligible for or receiving no-cost Medi-Cal benefits. (Enrollment in Share-of-Cost Medi-Cal is permitted)
- Children CANNOT be covered by employer-sponsored health insurance within the previous three months (with some exceptions). See 7-4 for more information

**NOTE:** Children are not excluded from coverage due to pre-existing conditions.

## **California Residency Requirements**

In order to be enrolled in the Healthy Families Program, children must be residents of the State of California. Typically, applicants use their paycheck stubs that show employment in California as proof of their residency. See Chapter 10 (*Required Documents*) for more information about the documents that can be used to show California residency.

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## **Citizenship and Immigration Status Requirements**

In order to qualify for the Healthy Families Program, children must be either U.S. citizens, U.S. nationals, or qualified immigrants. See page 7-23 for more information about the different qualified immigrant statuses for the Healthy Families Program.

Undocumented children DO NOT qualify for Healthy Families.

## **Monthly Income Limits (After Allowable Deductions)**

The Healthy Families Program uses the Federal Income Guidelines to determine if children are qualified for the Healthy Families Program (see chart below). The countable monthly income chart for the Healthy Families Program is shown below.

**NOTE:** Children who do not qualify for the Healthy Families Program may qualify for other public and private programs. See Chapter 11 (*Other Health Programs*) for more information.

Healthy Families Program and Medi-Cal for Families  
Income Guideline Chart  
Guidelines change April 1 of each year

Family Size	Child Age 0 to 1 or Pregnant Woman Medi-Cal	Child Age 0 to 1 Healthy Families	Child Age 1 thru 5 Medi-Cal	Child Age 1 thru 5 Healthy Families	Child Age 6 thru 18 Medi-Cal	Child Age 6 thru 18 Healthy Families
1	\$0 - \$1,734	\$1,735 - \$2,167	\$0 - \$1,153	\$1,154 - \$2,167	\$0 - \$867	\$868 - \$2,167
2	\$0 - \$2,334	\$2,335 - \$2,917	\$0 - \$1,552	\$1,553 - \$2,917	\$0 - \$1,167	\$1,168 - \$2,917
3	\$0 - \$2,934	\$2,935 - \$3,667	\$0 - \$1,951	\$1,952 - \$3,667	\$0 - \$1,467	\$1,468 - \$3,667
4	\$0 - \$3,534	\$3,535 - \$4,417	\$0 - \$2,350	\$2,351 - \$4,417	\$0 - \$1,767	\$1,768 - \$4,417
5	\$0 - \$4,134	\$4,135 - \$5,167	\$0 - \$2,749	\$2,750 - \$5,167	\$0 - \$2,067	\$2,068 - \$5,167
6	\$0 - \$4,734	\$4,735 - \$5,917	\$0 - \$3,148	\$3,149 - \$5,917	\$0 - \$2,367	\$2,368 - \$5,917
7	\$0 - \$5,334	\$5,335 - \$6,667	\$0 - \$3,547	\$3,548 - \$6,667	\$0 - \$2,667	\$2,668 - \$6,667
8	\$0 - \$5,934	\$5,935 - \$7,417	\$0 - \$3,946	\$3,947 - \$7,417	\$0 - \$2,967	\$2,968 - \$7,417
9	\$0 - \$6,534	\$6,535 - \$8,167	\$0 - \$4,345	\$4,346 - \$8,167	\$0 - \$3,267	\$3,268 - \$8,167
10	\$0 - \$7,134	\$7,135 - \$8,917	\$0 - \$4,744	\$4,745 - \$8,917	\$0 - \$3,567	\$3,568 - \$8,917

Add the following dollar amount for each additional family member:

	\$600	\$601 - \$750	\$399	\$400 - \$750	\$300	\$301 - \$750
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Refer to HFP Website [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) for most current income guidelines, if after April 1<sup>st</sup> each year.

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## **Summary of Benefits**

Children enrolled in the Healthy Families Program receive a broad benefits package for a small monthly fee called a premium. The premiums range from \$4 to \$15 per child per month, up to a maximum of \$45 for all the children in a family. The benefits package includes the services listed below

- Medically necessary hospitalizations
- Emergency care services
- Physician, medical, and surgical services
- Inpatient and outpatient services
- Preventive care
- Immunizations
- Prescription drugs
- Well-child care services
- Family planning services
- Maternity services
- Substance abuse services
- Mental health services
- Skilled nursing care
- Home health care
- Occupational, physical, and speech therapies
- Laboratory and x-ray services
- Dental benefits, including preventive and diagnostic services
- Vision benefits, including annual exams and eyeglasses

Additional information about the Healthy Families Program benefits can be found in the Summary of Benefits section of the Healthy Families Handbook.

Benefits, including preventive health, preventive dental, and preventive vision care exams are provided with no co-payment. Services such as emergency care and prescription drugs do require co-payments of \$5 per child per visit and per prescription. There is a maximum co-payment limit of \$250 per benefit year per family (July 1st to June 30th each year). Additional information about which services require co-payments is provided in the Summary of Benefits section of the Healthy Families Program Handbook.

## **Other Coverage**

In some cases children may be enrolled in other health care programs at the same time they are enrolled in the Healthy Families Program. If children are enrolled in another program, their family should inform their Healthy Families Program providers. Some of these programs are listed below

- Children may be eligible for the Healthy Families Program even if they receive Medi-Cal with Share-of-Cost
- Children receiving California Children's Services (CCS) and who do not have no-cost Medi-Cal may be eligible for the Healthy Families Program. Children in the Healthy Families Program with CCS-eligible conditions are entitled to CCS services

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**NOTE:** Children who are enrolled in no-cost Medi-Cal are NOT eligible for the Healthy Families Program.

### **Employer-Sponsored Insurance**

Children who are enrolled in employer-sponsored health insurance (ESI) are not eligible for the Healthy Families Program. If the parents cancel their children's employer-sponsored health insurance, there is a three-month period of ineligibility before the children can enroll in the Healthy Families Program. CAAs must NEVER recommend that parents cancel their children's coverage from their employer-sponsored health insurance in order to apply for the Healthy Families Program.

There are some exceptions to the three-month period of ineligibility (called a waiting period). This waiting period will be waived if any one of the following occurs to the person through whom the employer-sponsored health insurance for the children had been available

- Loses his or her job
- Moves to a zip code area or region that is not covered by the employer-sponsored health insurance
- Loses health benefits because his or her employer stopped health benefits for all employees
- Dies
- Divorces or is legally separated from the parent with whom the children live (or who is applying for the children)

If an applicant does not answer the ESI on the application or provide an end date for the ESI, this information can be provided to the Healthy Families Program over the phone at 1-800-880-5305.

**NOTE:** If children were covered under a Consolidated Omnibus Budget Reconciliation Act (COBRA) policy and the COBRA coverage will end, applicants do not have to wait for the COBRA coverage to end before they can apply for the Healthy Families Program for their children. There is no three-month wait if the applicants cancel their COBRA coverage.

These rules do not apply if children are covered under an individual (privately paid) health, dental, or vision policy. The Healthy Families Program coverage can begin when the private coverage ends.

If children receive only medical coverage through employer-sponsored health insurance, they CANNOT enroll in the Healthy Families Program for dental and vision coverage only. However, if the employer-sponsored insurance provides only dental or vision coverage, the children can enroll in the Healthy Families Program.

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## **Information Regarding Absent Parents Applying For The Healthy Families Program**

For the Healthy Families Program, applicants must live with the children for whom they are applying with two exceptions

- Children who are away at school and claimed as tax dependents by their parents
- Absent parents who do not reside with their children

The absent parents must be natural or adoptive parents. Absent parents, however, are NOT counted in the family size and their incomes are not counted. Stepparents can apply if they live with the children. The family size and family income of the household in which the children reside are used to determine their eligibility.

For example: An absent father wishes to apply for his two children who live with their mother. The mother lives alone with the children. In this case the children's family size is three (the mother and the two children). Only the mother's income and any income the children have (such as child support) would be counted. The father does not need to provide any of his income information on the application. If the children are determined eligible and enrolled in the Healthy Families Program, the father would be responsible for the premium payments and receive all program information (such as the Annual Eligibility Review and Open Enrollment forms).

## **Choice of Health, Dental, and Vision Plans and Providers: General Information**

On page A4 of the application, the applicant is asked to select the health, dental, and vision plans for their children in the Healthy Families Program. The Healthy Families Program Handbook lists the plans available by county, as well as each plan's contact information and other information to help applicants select the appropriate plans for their children.

Applicants may choose health, dental, and vision plans from the list in the Healthy Families Program Handbook. Each health, dental, and vision plan has its own primary care physicians, dentists, specialists, clinics, laboratories, pharmacies, and hospitals. The applicant is given the opportunity to select a primary care provider or dentist at the time of the initial application. See Chapter 8 2006 (*Application Completion*), page 30 for help completing this section of the application. The 2007 joint application allows applicant to also choose an eye doctor. See Chapter 8 2007 (*Application Completion*), page 25 for help completing this section of the application.

Starting January 1, 2007, applications with missing plan selections will no longer be incomplete. If an application is missing health, dental, and/or vision plan selections, a letter will be sent to the applicant and phone calls will be made to the applicant requesting the missing information. However, if the missing plan selections are not received, the application will NOT be denied. Instead, the program will automatically assign plans for the eligible child(ren). Missing health plan selections will be assigned to the Community Provider Health Plan in the county where the child resides. Children will be assigned dental and vision plans from those available in their county of residence through an equitable assignment process.

If the application is missing other required information, in addition to the plan selections, and this information is not provided within 20 calendar days, the application will still be denied.

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Providers and the provider codes are available by calling the Healthy Families Program at 1-888-747-1222, by calling the plans directly, or from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) at the “Find a Doctor or Dentist” link. The website is regularly updated and applicants can search for plans by county. Applicants can also research specific providers, searching by name, gender, specialty, language, or location (city or zip code).

**NOTE:** If an applicant does not select providers for their children, their plans will assign all children the same provider. Families may change their children’s providers as often as their plans allow; this information is listed in the Healthy Families Program Handbook.

Vision Plan: When children need vision services, families must call their vision plan, which will mail authorization cards with a list of providers. The parents can then make appointments and take the cards to providers on the list.

**IMPORTANT:** Applicants must choose the health, dental, and vision plans WITHOUT ANY COACHING or guidance from CAAs. Coaching or giving advice about which plans to choose may cause CAAs to lose their certifications.

**NOTE:** CAAs may help applicants find plan and provider information and may explain information in the Healthy Families Program Handbook or on the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov), through the “Find a Health Plan or Dental Plan” and “Find a Doctor or Dentist” links.

### **Monthly Premium Instructions**

Use the following instructions to estimate the applicant’s monthly premiums for the Healthy Families Program.

1. To compute premium calculations (i.e., Category A, B, or C), use the combined income (after allowed deductions) of all family members counted in the family size, as long as that income was used to determine the Healthy Families Program eligibility of at least one child (see Chapter 4: *Determining Family Size and Income*)
2. Use the chart on page 7-7 to determine if a family’s net income falls in Category A, B, or C
  - Look at the number of family members in the household (family size column)
  - Determine which Income Category (A, B, or C) the family’s net income is in

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**The Healthy Families Program Monthly Premium Category Chart**  
Premium Category Chart changes April 1 of each year

Family Size	Category A	Category B	Category C
1	\$868 - \$1,300	\$1,300.01 - \$1,734	\$1,734.01 - \$2,167
2	\$1,168 - \$1,750	\$1,750.01 - \$2,334	\$2,334.01 - \$2,917
3	\$1,468 - \$2,200	\$2,200.01 - \$2,934	\$2,934.01 - \$3,667
4	\$1,768 - \$2,650	\$2,650.01 - \$3,534	\$3,534.01 - \$4,417
5	\$2,068 - \$3,100	\$3,100.01 - \$4,134	\$4,134.01 - \$5,167
6	\$2,368 - \$3,550	\$3,550.01 - \$4,734	\$4,734.01 - \$5,917
7	\$2,668 - \$4,000	\$4,000.01 - \$5,334	\$5,334.01 - \$6,667
8	\$2,968 - \$4,450	\$4,450.01 - \$5,934	\$5,934.01 - \$7,417
9	\$3,268 - \$4,900	\$4,900.01 - \$6,534	\$6,534.01 - \$8,167
10	\$3,568 - \$5,350	\$5,350.01 - \$7,134	\$7,134.01 - \$8,917
Each Additional Family Member	\$301 - \$450	\$450.01 - \$600	\$600.01 - \$750

**Monthly Premium Instructions** (determining the monthly premium for the Healthy Families Program continued)

3. In the Healthy Families Program Handbook, find the county where the children live and the health plan the applicant has chosen
4. The monthly premium the family will pay is listed under “Category A, B, or C”
5. The premium amount depends on the number of children and the Income Category (A, B, or C). Use the number of children who will be ENROLLED in the Healthy Families Program. When using this chart, do not include children who are not going to be enrolled in the Healthy Families Program

Plan Code

Health Plans Offered

A/B/C Income Category & Premiums

County where children live

INSURANCE PREMIUM *		Category A		Category B			Category C		
Plan Code	Health Plans Available	Number of Children:		Number of Children:			Number of Children:		
		1	2 or more	1	2	3 or more	1	2	3 or more
Community Provider Health Plan									
1020	Santa Barbara Regional Health Authority	\$4	\$8	\$6	\$12	\$18	\$12	\$24	\$36
Other Health Plans									
1002	Blue Cross EPO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1004	Blue Shield HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
1010	Health Net HMO	\$7	\$14	\$9	\$18	\$27	\$15	\$30	\$45
Plan Code	Dental Plans Available	Plan Code		Vision Plans Available					
2004	Premier Access	3002		EyeMed Vision Care					
		3003		SafeGuard Vision					
		3001		Vision Service Plan (VSP)					
2003	SafeGuard Dental ** 93013-14, 93067, 93101-03, 93105-11, 93116-18, 93120-21, 93130, 93140, 93150, 93160, 93190, 93199, 93429, 93434, 93440, 93454-58								
2008	Western Dental								

SANTA BARBARA

Sample from the Healthy Families Program Handbook

**NOTE:** An applicant's premium payment amount is based on the applicant's health plan selection. The premium payments for the dental and vision plans are included in the health plan amounts listed in the table above.

### Premium Payments

The Healthy Families Program (HFP) no longer requires a premium payment with the application. Once the child(ren) is enrolled in HFP the family will receive a monthly bill in the mail. The payment must be received by the 20<sup>th</sup> of the month even if they do not receive a bill. They can pay by mail with

- Personal check
- Cashier's check
- Money Order

Make the payment out to the **Healthy Families Program**.

Mail payments to:

Healthy Families

P.O. Box 537019

Sacramento, CA 95853-7019



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Or they can pay by

- Cash payment in person, at participating Western Union Convenience Pay locations Call 1-800-551-8001 (then select option 1) to find the nearest Western Union Convenience Pay location
- Electronic Fund Transfer, they must sign up through HFP and allow 6-8 weeks to process
- Credit Card, they can pay over the phone or through the HFP website at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). HFP accepts VISA and MasterCard. They can call 1-888-256-6167 to make a one-time payment. Call 1-877-267-3729 to set up monthly automatic payments

### **Saving Money on Premiums**

Families can save money on their premiums in four ways

- They may choose the Community Provider Health Plan in their county, which offers the Healthy Families Program coverage at a discounted premium
- They may pay three months of premiums at one time. Families who choose this option will receive the fourth month of coverage for free
- They may pay their premiums by Electronic Fund Transfer (EFT). Families who choose this option will receive a 25% discount on their monthly premiums. The authorization form to sign up for the EFT is on the back of the billing invoice that is sent to families each month. Families who pay by EFT cannot pay three months in advance
- They may pay their premiums by enrolling in monthly automatic payments with a credit card. HFP accepts VISA and MasterCard. Families who choose this option will receive a 25% discount on their monthly premiums. They may enroll by calling 1-877-267-3729 or go to HFP's website at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). Families who pay by monthly automatic payments through their credit card cannot pay three months in advance

**NOTE:** If the applicant or child applying for the Healthy Families Program is of Native American Indian descent or Alaska Native, they may not have to pay the premium payments and co-payments. To waive premiums and co-payments, the applicant or the child who is of Native American Indian descent or Alaska Native must submit proof of ancestry. Persons who claim Native American Indian or Alaska Native ancestry and have asked to have free health care on the 2007 joint application, have two months from the date of enrollment to provide acceptable proof.

The Healthy Families Program will waive premiums for two months, but co-payments will not be waived until the papers are received and approved. The premium and co-payments will be waived the month after the Healthy Families Program receives acceptable papers. The Healthy Families Program will not refund co-payments paid during the months when no acceptable proof of ancestry was provided.

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## **CAA REMINDER**

- CAAs and their EE should NEVER accept any premium payments or handle any money on behalf of applicants
- Premium payments should be included with the completed applications and mailed by the APPLICANTS

## **Family Contribution Sponsorship**

Family Contribution Sponsors are individuals or groups who pay a year's worth of premiums in advance for children enrolled in the Healthy Families Program (HFP). Sponsors must be registered with and be approved by the Managed Risk Medical Insurance Board (MRMIB).

### **Becoming a Family Contribution Sponsor**

To become a sponsor, individuals or entities can download a copy of the Sponsor Registration Form from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov), by clicking on the "Sponsorship" link, or they can call 1-800-880-5305 to request a copy by mail.

The registration form requires potential Family Contribution Sponsors to certify that

- They are eligible to be a Family Contribution Sponsor
- They acknowledge that the Managed Risk Medical Insurance Board (MRMIB) has taken no position as to whether payment of premiums as a Family Contribution Sponsor by any person or entity would be in violation of federal fraud and abuse laws
- They will allow sponsored applicants to make their own choices among participating plans in their counties of residence as identified by the Healthy Families Program Handbook
- They will sponsor all eligible persons in the household

The completed Family Contribution Sponsor Registration Form can be faxed to 1-866-848-4974 or mailed to:

The Healthy Families Program  
Attn: Sponsorship Registration  
P.O. Box 138005  
Sacramento, CA 95813-9984

The Healthy Families Program will notify potential Family Contribution Sponsors of their approval. If they are accepted, the Healthy Families Program will issue them identification numbers and provide Sponsorship Payment Forms, or sponsors may download the payment forms from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov), by clicking on the "Sponsorship" link.

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Any individual or group can be a Family Contribution Sponsor except

- A person who is a health, dental, or vision care provider who participates in the Healthy Families Program, or an organization composed primarily of or controlled by such persons
- An entity (including governmental, school, non-profit and charitable organizations) that is or that operates an institution or facility that is a health, dental, or vision care provider that participates in the Healthy Families Program
- A health, dental, or vision plan that participates in the Healthy Families Program
- Any person or entity acting on behalf of or representing a person or entity listed above

**NOTE:** The Healthy Families Program regulations regarding who is eligible to be a Family Contribution Sponsor exclude people or groups who might violate federal anti-kickback or other fraud and abuse laws by paying family contributions. Any individual or organization that receives federal health care funds through any program and anyone with any other legal questions about sponsorship should consult with an attorney before becoming a sponsor. The Healthy Families Program and MRMIB cannot provide legal advice on federal fraud and abuse laws.

### **How to Sponsor a Family**

Family Contribution Sponsors must mail the Sponsorship Payment Form and full payment for 12 months for the sponsored family. It is the sponsor's responsibility to pay the premium amount determined by the Healthy Families Program. The payment will first be used to pay any past due premiums, then the current and future months of coverage.

**NOTE:** If a sponsored family moves to a different county in California or transfers to a different health plan, the premium payment will remain paid for the duration of the 12 months as long as the children remain eligible for the Healthy Families Program.

### **Early Enrollment Process**

Applicants can apply for the Healthy Families Program up to three months early for

- Children who will turn 1 year old and lose no-cost Medi-Cal (between 133% and 250% of the FIG)
- Children who will become 6 years old and lose no-cost Medi-Cal (between 100% and 250% of the FIG)
- Children whose no-cost Medi-Cal is ending
- Unborn children whose family income (after allowed deductions) is between 200% and 250% of the FIG. Applicants can apply for unborn children up to three months before their expected due dates

**NOTE:** If a pregnant woman whose unborn child is eligible for the Healthy Families Program has no insurance for herself, she may qualify for Access for Infants and Mothers (AIM) if her income is between 200% and 300% of the FIG, and she is no more than 30 weeks pregnant. See Chapter 11 (*Other Health Programs*) for more information.

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Applicants who wish to enroll an unborn child should provide as much information as possible about the unborn child. Proof of pregnancy from a doctor or provider that includes the estimated due date must also be included with the application.

Once the application for the unborn is determined to be eligible for the Healthy Families Program, the applicant will receive a Welcome Letter with instructions for submitting the birth documentation.

The Healthy Families Program coverage for a newborn will begin 13 days after the Healthy Families Program receives ONE of the following documents from the applicant verifying a child's birth

- A copy of an original or certified birth certificate
- A signed statement by the health practitioner who presided over the delivery
- An equivalent document

The documentation must include the following information

- Child's name
- Place of birth
- Date of birth
- Gender
- Date the child was released from the hospital
- Parent's name

The Healthy Families Program must receive the documentation within 30 days of a child's birth. If not, the applicant will have to submit a new application.

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## **The Healthy Families Program Application Denials**

Children who are not eligible for the Healthy Families program will be denied. Applicants will receive a denial notice from the Healthy Families Program that states the reason or reasons the children are not eligible. See pages 7-27 or 7-28 for a sample Denial Notice.

**NOTE:** Disenrollments, which are different from denials, occur when the benefits of children who are enrolled in the Healthy Families Program have ended.

### **Causes for the Healthy Families Program Application Denials**

There are several possible reasons for denials. The reasons are either avoidable, such as incomplete applications, or unavoidable, such as children being over age 19 and/or ineligible. Information about denials is also provided in the Healthy Families Program Handbook.

#### **The primary reasons for denials are listed below**

- Children's ages  
Children age 19 and older will be denied the Healthy Families Program regardless of family size and income
- Family income  
Families' incomes can either be too high or too low for the Healthy Families Program. Eligibility depends on family size, family income, and the children's ages. Families may have one child who is eligible for no-cost Medi-Cal and another who is eligible for the Healthy Families Program. Given a certain family size and income, a child may not fall into the appropriate age range for the Healthy Families Program. If their incomes are too high, applicants can apply to private or county specific programs in their local areas. See Chapter 11 (*Other Health Programs*) for more information
- Missing documentation  
Applicants did not provide documentation, including proof of income or verification of deductions. Most missing documents must be received by SPE within 17 days

**NOTE:** Birth certificates and immigration documents do not need to be submitted with the application in order for children to be enrolled in Medi-Cal or the Healthy Families Program. However, if these documents are not submitted to SPE within 60 days of enrollment, the children will be disenrolled.

- Incomplete application  
Applicants did not answer one or more questions on the application or did not sign the application. Missing information must be received by SPE within 17 days of initial application

If a Healthy Families Program application is denied, the Healthy Families Program sends denied applicants the following three items

- Denial letter explaining why the application was denied
- Refund of the premium payment (if included with original application)
- Information on the appeals process including the "Review Form" to appeal the denial

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If the income is determined too low, the application will be forwarded to Medi-Cal. Instead of receiving a denial letter in this case, the applicant will receive a letter letting them know that their application was forwarded to the county Department of Social Services.

### **What to do When a Healthy Families Program Application is Denied**

If an applicant believes they were wrongly denied, he/she can appeal the denial. Information regarding the appeals rights are stated on the denial letter sent to the applicant. A sample denial letter can be viewed on page 7-27 and 7-28. See pages 7-20 through 7-23 for more information about the Healthy Families Program appeals process.

### **The Healthy Families Program Open Enrollment**

Each year, between April 15th and May 31st, families with children in the Healthy Families Program have an opportunity to choose new health, dental, and vision plans for their children. It may also be necessary to choose new health, dental, and/or vision plans if their current plans change their coverage areas or no longer participate in the Healthy Families Program. The Healthy Families Program will notify families about the Open Enrollment period. If families decide to change their plan(s), the changes will take effect on July 1st.

**NOTE:** It is very important that families notify the Healthy Families Program of their new addresses whenever they move so that they will receive the Open Enrollment information, their current billing statements, and other important program documents/information.

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### The Healthy Families Program Mid-Year Income Evaluations

If a family's income changes at any time during the year, the family can request that the Healthy Families Program do a Mid-Year Income Evaluation to see if the change in income affects their Healthy Families Program eligibility or premium amount. The requests are placed through the Healthy Families Program Membership Line at 1-866-848-9166 and an appropriate form is mailed to the families.

The following table reflects possible outcomes of the Mid-Year Income Evaluation for the enrolled members.

Finding	Consequence
Subscriber's new income continues to qualify him/her for HFP, but the new income places him/her in a <i>lower</i> income category bracket.	The family's premium is reduced accordingly.
Subscriber's new income continues to qualify him/her for HFP, but the new income places him/her in a <i>higher</i> income category bracket.	The family's premium does not change until the subscriber's anniversary date. He/she will continue to go through the annual eligibility review process.
New income falls below HFP income guidelines and subscriber authorizes the application to be forwarded to the Medi-Cal program.	Subscriber is put on no-cost Medi-Cal Presumptive Eligibility (PE) beginning the first day of the next month. The new income documentation, application, and all supporting documentation is forwarded to the county Department of Social Services in the county in which the applicant resides.
New income falls below HFP income guidelines and subscriber <i>does not</i> authorize the application to be forwarded to the Medi-Cal program.	Subscriber remains enrolled in HFP and a "Reconsider" letter is sent. If the subscriber then authorizes, in writing, for the application to be forwarded to the Medi-Cal program, the process as listed in the box directly above will be put in place.
New income is above the HFP income guidelines	Subscriber remains enrolled in HFP until the subscriber's anniversary date. The applicant will continue to go through the annual eligibility review process.

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## The Healthy Families Program Annual Eligibility Review

Once enrolled, children in the Healthy Families Program are eligible to receive services for 12 continuous months. The Healthy Families Program requires an Annual Eligibility Review (AER) every 12 months to verify that the children still qualify. This review takes place on the families' anniversary dates, which are 12 months from the date their last child was enrolled in the Healthy Families Program.

Sixty days before their anniversary date, families will receive an Annual Eligibility Review (AER) packet. They are required to submit updated income documentation as well as updates about who is living in the home. Family size and income will be reevaluated to determine if the children are still eligible for the Healthy Families Program. See page 7-29 for a sample AER form.

**NOTE:** If families do not receive their AER forms or need new copies, they can request them by calling the Healthy Families Membership Line at 1-866-848-9166. Blank AER forms can also be downloaded from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). Included with the AER packet is the "Add a Person" form the applicant can use to add other children in the home who are not already enrolled in the Healthy Families Program. Families also use this form if they want to add a child to an existing Healthy Families Program case at a time other than AER.

**NOTE:** DO NOT fill out a new application to add a child to an existing Healthy Families Program case. Copies of the "Add a Person" form can be downloaded from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov), using the "Download Forms and Documents" link.

Children whose family incomes are too low and are no longer eligible for the Healthy Families Program during AER will receive a disenrollment letter from the HFP. This letter will let the family know when the HFP coverage ends. This letter will tell the family about Presumptive Eligibility (PE) and gives the option to request continued enrollment (CE) if the family thinks the HFP made a mistake. The CE form must be received before the end of the month to extend coverage. PE is free temporary health coverage through Medi-Cal.

**NOTE:** The Annual Eligibility Review (AER) is required every year to determine if the children are still eligible for the Healthy Families Program.

**Presumptive Eligibility (PE)** Before August 30, 2007, children with household income below HFP guidelines during AER received a two-month "bridge" of continued eligibility in the HFP. If the applicant gave permission, their application was forwarded to Medi-Cal for review.

Starting September 1, 2007, children with household income below HFP guidelines during AER will no longer receive the two-month bridge in HFP. They may qualify for PE. PE gives children free temporary health coverage from Medi-Cal while Medi-Cal decides if the children are qualified to stay in the Medi-Cal Program.



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### **How can a child get PE?**

Three conditions must be met for a child to get PE

- Child does not qualify for the HFP during the AER because the child's household income is below HFP guidelines
- Applicant gives permission for the HFP to forward the AER packet to Medi-Cal. Permission can be given on the AER Form. If permission is not given on the AER Form and the family's household income is below HFP guidelines, the HFP sends a letter to the family giving them another chance to give permission. The family has 90 days to return this Reconsider Medi-Cal Letter to give permission
- Child is not currently enrolled in no-cost or share-of-cost Medi-Cal

### **When does PE begin and how long does it last?**

For families that give permission for the HFP to forward the AER packet to Medi-Cal: The HFP will send a letter, letting them know if their children qualify for PE. If they qualify for PE, they will receive temporary no-cost Medi-Cal starting the day after the HFP coverage ends. PE will last until Medi-Cal decides if the children can stay in the Medi-Cal Program.

For families that did not give permission for the HFP to forward the AER packet to Medi-Cal: The HFP will send a letter giving the family an option to sign and return the letter within 90 days to give permission to forward the AER packet to Medi-Cal

- If the family does provide permission and it is received before the children's HFP coverage ends, PE will start the day after HFP coverage ends
- If the family provides permission but it happens after the children's HFP coverage ends, PE will start on the first day of the month when permission to forward the AER Form to Medi-Cal was received

PE will last until Medi-Cal decides if the children can stay in the Medi-Cal Program.

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## Disenrollments

Families whose applications were approved and their children enrolled in the Healthy Families Program can lose their coverage. This is called “disenrollment.” The chart below lists reasons for disenrollment, as well as how families can re-enroll when it applies:

Children Will be Disenrolled When:	Children Can be Re-Enrolled When:
The Annual Eligibility Review form and documentation is not returned by the end of the month of the anniversary date.	Either the AER form or a new application is reviewed and approved. The AER form will be accepted for up to 2 months after disenrollment.
The Annual Eligibility Review form is incomplete or missing income documentation.	Either the AER form or a new application is reviewed and approved. The AER form with the complete information and/or necessary documents will be accepted for up to 2 months after disenrollment. Beyond the 2 months after disenrollment, the family can submit a new application.
The children are found ineligible for the Healthy Families Program during the Annual Eligibility Review.	No re-enrollment, but families may appeal the decision for benefits to be reinstated. See pages 7-20 through 7-23 for more information.
They reach age 19.	They are not eligible to re-enroll.
The premium payment is more than 60 days late (after the payment due date).	The premiums past due at the time of disenrollment are paid.
The applicant does not provide birth certificates or immigration documents within 2 months of the enrollment date.	The applicant provides the documents within 2 months. After 2 months the applicant must re-apply.
Death of a subscriber	N/A
The applicant made false declarations.	The applicant re-applies.
The applicant requests disenrollment in writing from the Healthy Families Program.	The applicant re-applies.

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## Disenrollments

When children are disenrolled from the Healthy Families Program, applicants are sent disenrollment notices stating the reason(s) the children were disenrolled. See pages 7-30 through 7-31 for a sample disenrollment notice. Applicants receive Program Review and Continued Enrollment forms, as well as the Re-enrollment forms. Families may call the Healthy Families Information line at 1-800-880-5305 for more information and to request copies of these forms. They may download the forms from the Healthy Families website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov)

To request disenrollment from HFP the subscriber must submit a request in writing in all instances except the death of a child. In these situations the HFP will accept a phone call. The caller must provide

- The caller's name and relationship to the child
- Child's first, middle (if applicable), last name
- Child's date of death (MM/DD/YY)

The child will be disenrolled at the end of the month in which the death occurred.

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## **The Healthy Families Program Review Form and Appeals Process**

Appeals are used to contest the Healthy Families Program decisions that families believe are incorrect. For example, if an applicant believes they have been wrongly denied participation in or disenrolled from the Healthy Families Program, they may choose to appeal. Appealing denials may provide protection for applicants if they incurred any medical expenses and the denials were incorrect.

There are two different processes for appealing

- Administrative Review Process
- Program Review Process

To appeal a Healthy Families Program decision, families may use the “Program Review Form” that is mailed with their denial or disenrollment letters. See pages 7-32 through 7-33 for a sample of this form. This form may also be obtained by calling the Healthy Families Program Information line at 1-800-880-5305 or downloading it from the Healthy Families Program website, [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) CAAs may help applicants complete this form. The Healthy Families Program will notify applicants with the results of their appeals.

**NOTE:** Families should mail all review and appeals information to:  
The Healthy Families Program  
Review Unit  
P.O. Box 138005  
Sacramento, CA 95813-8005

### **Administrative Review Process**

The Administrative Review process is used to appeal decisions regarding the following

- Eligibility - children are not qualified to participate or to continue participation
- Disenrollment - children are not qualified to enroll or to continue enrollment
- Effective Dates of Coverage - applicant disagrees with the children’s effective date of coverage

The Administrative Review process has three levels

- First Level Appeal – reviewed by the Healthy Families Program
- Second Level Appeal – reviewed by MRMIB
- Administrative Hearing – reviewed by an Administrative Law Judge

All appeals in the Administrative Review process start with the First Level Appeal.

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## **The Healthy Families Program Review Form and Appeals Process Administrative Review Process**

### **First Level Appeal**

First Level Appeals are reviewed by the Healthy Families Program. Appeals must be sent to the Healthy Families Program within 60 days of the date on the denial notice (NOT the date applicants receive their notices). Appeals can be made by the applicant or authorized representative by completing the Program Review Form included with the denial or disenrollment notice or by sending a letter, which includes the following specific information

- Copy of the denial or disenrollment notice
- Reason why the applicant thinks that the denial is wrong
- Rule(s) that the applicant believes the Healthy Families Program violated or overlooked
- Statement as to how the applicant wants the appeal resolved

The Healthy Families Program has 30 days to review appeals to determine whether or not the appeals are valid and the applicants' requested resolutions are appropriate.

If the appeals are granted, the Healthy Families Program takes appropriate action and notifies the applicants within 30 days of receiving the appeals.

If the appeals are denied, the Healthy Families Program will notify applicants that their appeals were denied and provide them with information regarding the Second Level Appeal.

### **Second Level Appeal**

Second Level Appeals are used to appeal the first level decision and are reviewed by MRMIB. Applicants' requests for Second Level Appeals must be in writing and received within 30 days of the Healthy Families First Level Appeal decision date. These appeals must include all the information required for First Level Appeals

- Copy of the denial or disenrollment notice
- Reason why the applicant thinks that the denial is wrong
- Rule(s) that the applicant believes the Healthy Families Program violated or overlooked
- Statement as to how the applicant wants the appeal resolved

MRMIB will determine whether the first level decision was correct.

If the appeals are granted, MRMIB will take the appropriate action and notify applicants in writing.

If the appeals are denied, MRMIB will notify applicants that their appeals were denied and provide them the information regarding the Administrative Hearing.

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## **The Healthy Families Program Review Form and Appeals Process Administrative Review Process**

### **Administrative Hearing**

Administrative Hearings are decided by an Administrative Law Judge. Requests for an Administrative Hearing must be received within 30 days of MRMIB's notice regarding the Second Level Appeal decision. The notice from MRMIB will contain the information that will need to be completed to file an Administrative Hearing request. Requests must be clear and concise statements of what actions are being appealed and why MRMIB's Second Level Appeal decision was incorrect.

### **Program Review Process**

The Program Review process is used to contest all decisions, except those covered under the Administrative Review process.

The Program Review process may be used to

- Dispute missing documents
- Review billing questions and account balances
- Review other complaints and questions that are not subject to a formal appeal

The Program Review process is also used for appeals submitted beyond 60 days from the date of the disenrollment notice.

Program Reviews do not have any further appeal rights, unlike the three levels of the Administrative Review process. All Program Review decisions are final.

To appeal, applicants can use the pre-printed form attached to their denial letters. They can also send Healthy Families Program the following information

- Copy of the denial notice
- Reason why the applicant thinks the denial is wrong
- Rule(s) that the applicant believes Healthy Families Program violated or overlooked
- Statement of how the applicant wants the appeal resolved
- Any other relevant information
- Family Member Number assigned by SPE

Decisions will be made within 30 days of the date the appeal is received. All decisions are final.

### **Continued Enrollment**

Continued Enrollment (CE) provides the Healthy Families Program coverage for children during an appeal and/or beginning at the time of disenrollment. See page 7-18 for information regarding disenrollment. CE occurs at the applicant's written request; requests via phone are

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not accepted. If the applicant's appeals are successful, there is no break in the children's Healthy Families Program coverage. Children continue to receive their full coverage under the Healthy Families Program, as well as monthly invoices for premium payments.

Fifteen days prior to disenrollment (which always occurs at the end of the month), disenrollment notices, along with CE forms, will be mailed to the applicant. See pages 7-32 and 7-33 for a sample CE form. Families' requests for CE must be received by the Healthy Families Program before their disenrollment date. If their CE forms are received by the Healthy Families Program prior to their disenrollment date, the Healthy Families Program coverage will continue until their appeal is resolved.

**NOTE:** Appeals received within 60 days after the disenrollment date will be processed, but the children will not receive any CE coverage. Appeals received more than 60 days after the disenrollment date will be processed under the Program Review Process, and the children will not receive any CE coverage.

### **Length of CE Coverage**

CE extends the Healthy Families Program coverage for one month or until the family's appeal is resolved. The children's CE ends at the end of the month in which the appeal is decided. There are no extra costs for CE coverage if family's appeal is not granted. They do not have to repay any benefits received while their children were enrolled in CE. Families can file a second appeal (Second Level Appeal), but their children will not receive additional CE coverage during this Second Level Appeal.

### **The Healthy Families Program Qualified Immigrants**

Below is a list of immigration statuses that may qualify children for the Healthy Families Program. Refer to the information in the Healthy Families Program Handbook on Citizenship and Immigration Information or in Chapter 10 (*Required Documents*).

- An alien lawfully admitted for permanent residence
- An alien granted conditional entry
- An alien paroled into the U.S.
- An alien with the appropriate immigration status who (or whose child or parent) has been battered or subjected to extreme cruelty in the U.S.
- An alien granted asylum
- A refugee admitted to the U.S.
- An alien whose deportation is being withheld
- An alien who is a Cuban or Haitian entrant
- A qualified alien lawfully residing in any state who is an honorably discharged veteran
- The spouse, unmarried dependent or unmarried surviving spouse of a qualified alien who is an honorably discharged veteran
- An Amerasian immigrant

**NOTE:** Children in the above categories are currently eligible as long as they meet the other program requirements, regardless of their dates of entry.

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All eligible qualified immigrants (refer to the HFP handbook for U.S. Citizenship and Immigration Service (USCIS) form numbers or Chapter 10: *Required Documents*) in the following status will be required to prove their date of entry on the required documents

- Alien lawfully admitted for permanent residence
- Alien granted conditional entry
- Alien paroled into the U.S.
- Alien with appropriate immigration status who (or whose child or parent) has been battered or subject to extreme cruelty in the U.S. and Victims of the Violence Against Women Act



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## **The Healthy Families Program Declarations**

CAAs should review with applicants the Healthy Families Program Declarations listed.

Applicants are required to make the following declarations listed below.

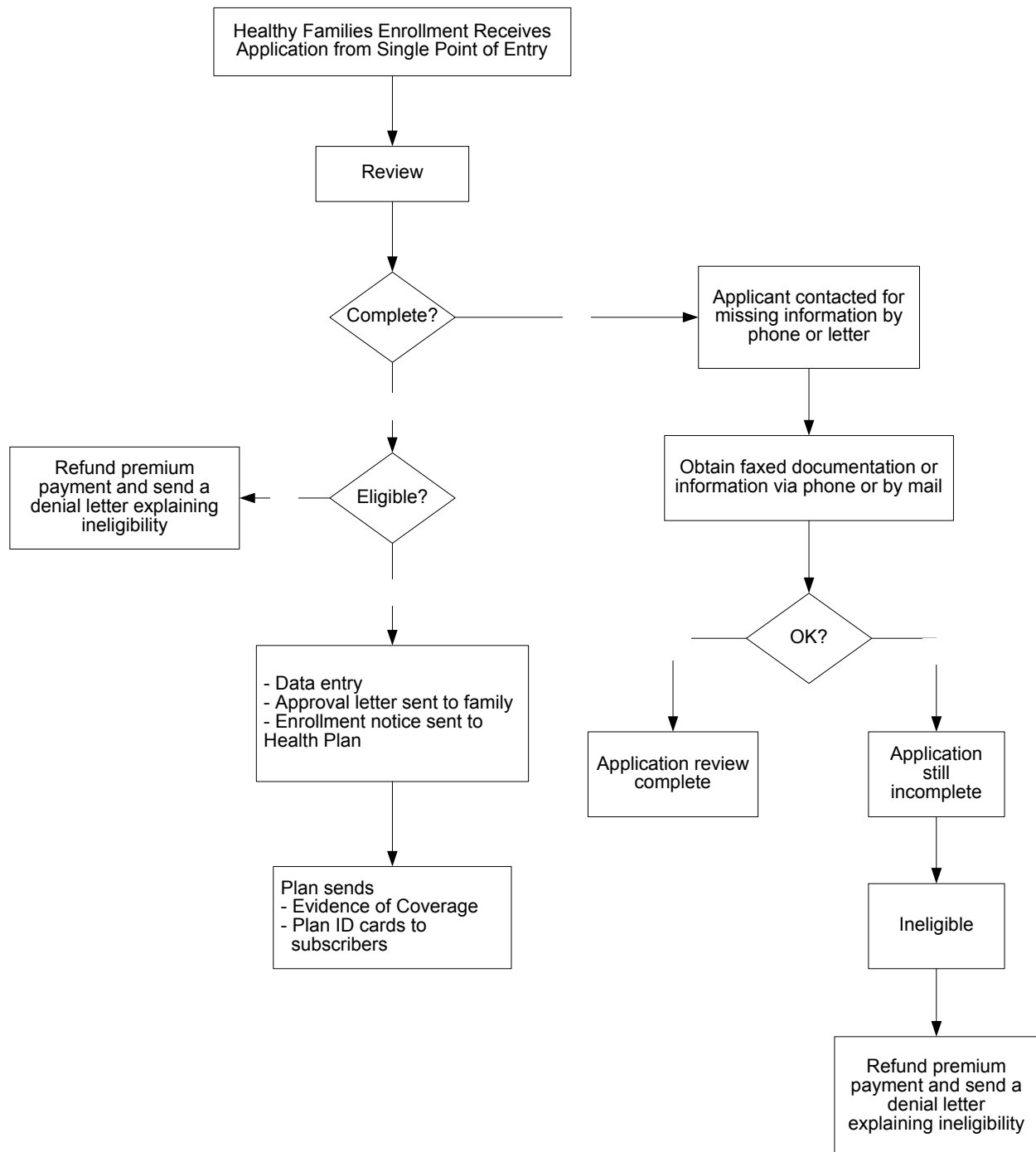
Applicants declare that each person they are applying for

- Is a resident of California  
Children must be California residents to be eligible for the Healthy Families Program
- Is not in jail or in a mental hospital
- Is not eligible for Medicare, Part A and Part B  
Children eligible for Medicare Part A and Part B are not eligible for the Healthy Families Program
- Is not eligible for any California Public Employees Retirement System Health Benefits Program(s) or is eligible for a California Public Employees Retirement Health Benefits Program, but the employer contribution for dependent(s) is less than \$10

Applicants further declare that

- All individuals listed on this Application will follow the rules of participation, the utilization review process, and the dispute resolution process of the participating plans in which the individual is enrolled
- I have read and understand the Healthy Families Handbook. I understand what it says about each health, dental, and vision plan and the benefits they offer
- I am applying for all of my children eligible for Healthy Families, unless they are already enrolled, or unless I am only applying for myself
- I give permission to the Healthy Families Program to check my family income, health coverage, immigration status of the people I am applying for, and all other facts on this Application Form
- I agree to notify the program within 30 days of any change of address of any person applied for who is accepted into the program and any change in the applicant's billing address

## The Healthy Families Program Application Review Process



## Sample Denial Notice

Family Member Number: FMN

DATE

REC\_NUM

HOH\_NAME

ADDR\_LINE\_1

ADDR\_LINE\_2

CITY, STATE ZIP



Dear Applicant:

Recently, you asked us to enroll a family member in the Healthy Families Program. **We cannot do this because:**

NAME\_1

This is a sample Reason. This is a sample Reason.

NAME\_2

This is a sample Reason. This is a sample Reason.

NAME\_3

This is a sample Reason. This is a sample Reason.

NAME\_4

This is a sample Reason. This is a sample Reason.

NAME\_5

This is a sample Reason. This is a sample Reason.

NAME\_6

This is a sample Reason. This is a sample Reason.

NAME\_7

This is a sample Reason. This is a sample Reason.

NAME\_8

This is a sample Reason. This is a sample Reason.

NAME\_9

This is a sample Reason. This is a sample Reason.

NAME\_10

This is a sample Reason. This is a sample Reason.

If anyone on your application form is not listed here, you will get a separate letter from the Healthy Families Program telling you if that person can get Healthy Families coverage.

**If your income is too high or too low**

If your income is too high, you may be able to get health insurance through Kaiser Permanente Cares for Kids Child Health Plan. Please call 1-800-255-5053 for more information.

**If your family income changes**

We encourage you to re-apply for the Healthy Families Program if your family income changes.

HFLT 608 EN 03/15/2004

000005 04/12/2004

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## Sample Denial Notice

### **If you think we made a mistake**

If you think we made the wrong decision, you can ask us for a review. **We must get your Program Review form by PRGM\_REVW\_DUE\_DATE.**

To ask for a review:

1. **Fill out the Program Review form that came with this letter.** Tell us why you think your family member can get Healthy Families. You must answer questions 1 through 4 on the form.

**You can also send any other information that you think we need to know.** We cannot do a review over the phone. Write your Family Member Number on every paper that you send. Your Family Member Number is FMN.

2. **Mail the Program Review form** and any other papers to:

Healthy Families Program  
ATTN: Review Unit  
P.O. Box 138005  
Sacramento, CA 95813-8005

Or, you can fax this information to us at **1-866-848-4974**. The fax number is free.

### **What happens next?**

If we receive your Program Review form, we will look at the information and send you a letter within 30 days that tells you our decision.

### **Questions?**


If you have questions, please call **1-866-848-9166**, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program

000006

## Sample Annual Eligibility Review Form

 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <h3 style="margin: 0;">Annual Eligibility Review Form</h3> <p style="margin: 0; font-size: small;">To continue your Healthy Families health care coverage</p> </div>																																													
<p><b>Instructions</b></p> <p>To continue Healthy Families coverage, you must fill out this form, attach all papers, and mail everything to us so that we receive it by _____.</p>	<p><b>Questions?</b></p> <p>If you have any questions about the form, call Healthy Families: <b>1-888-439-4741</b>, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.</p>																																												
<p>Mailing _____ Residence _____</p> <p>FAMILY MEMBER NUMBER: _____</p> <p>Home: _____ Work: _____ Message: _____</p>	<p>➡ <b>Are your name and address right?</b></p> <p>If any of this is wrong, please cross it out. Write the correct information next to it.</p>																																												
<p><b>1. Children now in Healthy Families.</b></p> <p>Do the children listed below still live in your household? If not, cross out their names. Do any of the children have income? For example, child support. If so, write their income. You need to mail proof of income with this form. If you have questions about income, see the <b>Family Members and Income</b> brochure that came with this form.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;">Child in Healthy Families</th> <th style="width: 15%;">Date of Birth</th> <th style="width: 20%;">Relationship to</th> <th style="width: 25%;">Child's monthly income, if any</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Child in Healthy Families	Date of Birth	Relationship to	Child's monthly income, if any																																								
Child in Healthy Families	Date of Birth	Relationship to	Child's monthly income, if any																																										
<p><b>2. Have any of these persons received health insurance sponsored by an employer within the last 3 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, which persons? _____</p> <p>When did the insurance end? _____ Why did it end? _____</p>																																													
<p><b>Questions? Call 1-888-439-4741, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.</b></p>																																													

## Sample Disenrollment Notice

Family Member Number: FMN

DATE

REC\_NUM  
HOH\_NAME  
ADDR\_LINE\_1  
ADDR\_LINE\_2  
CITY, STATE ZIP



Dear Applicant:

The Healthy Families Program does not provide health coverage any longer to the following people for the reasons listed below

NAME\_1  
NAME\_2  
NAME\_3  
NAME\_4  
NAME\_5  
NAME\_6  
NAME\_7  
NAME\_8  
NAME\_9  
NAME\_10

You may have to pay for the health, dental, and vision services that these family members get after CVRG\_END\_DATE.

### If you think we made a mistake

If you think we made the wrong decision, you can ask us for a review. To ask for a review:

1. **Fill out the Program Review form that came with this letter.** Tell us why you think your children can still get Healthy Families coverage. You can also send any other papers or information that you would like us to see. We cannot do a review over the phone. Write your Family Member Number on each paper. Your Family Member Number is: FMN.
2. **Mail your Program Review form and any other papers to:**

Healthy Families Program  
Attention: Review Unit  
P.O. Box 138005  
Sacramento, CA 95813-8005

Or, you can fax to: **1-866-848-4974**. The fax number is free.

**We must get your form by** FM21\_DUE\_DATE.

If we receive your Program Review form after this date we cannot review it, and you will have to fill out a new application.

### If you want to enroll your child again

If you think your family members meet the program rules and can now get Healthy Families, you can ask us to enroll them again.

HF LT 006a EN 03/12/2004

000001 04/12/2004

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## Sample Disenrollment Notice

1. **Fill out the Re-enrollment form that came with this letter.**
2. **Make copies of these papers:**
  - proof of income, such as copies of pay stubs;
  - checks or bills that show that you paid child care, child support, or alimony.
3. **Call 1-866-848-9166 and say: "I want to re-enroll my children in Healthy Families. How much will my premium bill be?"**
4. **Write a check or money order to "Healthy Families Program" for this amount.**
5. **Mail the Re-enrollment form, copies of your papers, and check to the address above for the Program Review form.**

**Please send this form to us before FM21\_DUE\_DATE.**

If you send the Re-enrollment form after this date, you will have to fill out a new application form.

### **What happens next?**

When we get your Re-enrollment form, we will look at the information and we will let you know if your child can get Healthy Families.

### **Questions?**



If you have questions, please call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.

Thank you,

Healthy Families Program

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## Sample Appeal and Continued Enrollment Form

		<b>Review and Continued Enrollment</b>
		<i>Ask Healthy Families to review and change a decision to disenroll someone</i>
<b>Instructions</b>	<b>Questions?</b>	
Use this form if you do not agree with a decision Healthy Families made to disenroll someone in your family. (Disenroll means coverage will stop.) You may ask Healthy Families to change the decision; <u>and you may ask to keep your coverage during the review.</u> Fill out the form and mail it so that we receive it by .	If you have any questions about the form, call Healthy Families: <b>1-866-848-9166</b> Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.	
<input type="checkbox"/> Check this box if you are sending new income or other new papers with the form.		
<input type="checkbox"/> Check this box if you are including a request for payment of medical bills with the form (please include the bills).		
<b>A. Information about you.</b>		
		<b>Are your name, address and phone numbers right?</b>
		If any of this is wrong, please cross it out. Write the correct information next to it.
FAMILY MEMBER NUMBER:		
Day:	Evening:	Message:
<b>B. Information about the person or persons whose coverage will stop.</b>		
		
<b>Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.</b>		
REF 754 101 001 00000000 000000		



## Sample Appeal and Continued Enrollment Form

### **HEALTHY** Review and Continued Enrollment, Page 2

#### C. Reason for review.

##### 1. What is the decision you would like us to review?

Tell about the decision you would like us to review. Or, include a copy of the letter you got from Healthy Families that talks about the decision.

##### 2. Why do you think our decision is wrong?

Write your reason below. Or, check the boxes below. Check as many as you wish.

- |  |   |
|--|---|
| <input type="checkbox"/> Income was figured wrong  | <input type="checkbox"/> Payment was made   |
| <input type="checkbox"/> Member is not on no-cost Medi-Cal   | <input type="checkbox"/> I think decision violates Healthy Families policy or law (explain below) |
| <input type="checkbox"/> Sent papers that were asked for (tell us below when you mailed or faxed the papers) | <input type="checkbox"/> Other (explain below)  |

##### 3. What would you like us to do?

- ☐ Keep family members in Healthy Families      ☐ Other (explain below)

##### 4. What else would you like us to know?

Is there any other information you think would help us review our decision? Write the information or send other papers that will help us understand.

#### D. Sign the form and send it to us by .

I am asking to keep coverage during the review. I understand that I must pay my monthly premium payments during the review process. I understand that if I do not make the payments, the members of my family may lose coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the form and other papers to:

Or, you can fax the form and papers to:

**Healthy Families  
Review Unit  
P.O. Box 138005  
Sacramento, CA 95813-8005**

**Fax: 1-866-848-4974** The fax number is free.

Write your Family Member Number on each paper you send. **Your Family Member Number is:**

#### E. Permission to share information with the following person:

I give permission for the Healthy Families Program to give information over the telephone about the status of this application to a Certified Application Assistant of the Enrollment Entity organization identified. This permission will end on the date the program mails the results of the eligibility determination on this application.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAA#: \_\_\_\_\_ EE#: \_\_\_\_\_

**Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.**

000006